MARGIN RESERVED FOR BINDING

WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11331 Reg. Dist. No. 2020

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town. (If gutside eity or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.		
3. (a) FULL NAME Clizabeth Pace Sarm	3. (b) Social Security Number		
4. Sex 5. Color or race (5.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20, DATE OF DEATH. MEDICAL CERTIFICATION 20, DATE OF DEATH. MEDICAL CERTIFICATION		
8.(b) Name of husband or w(e Late.) Hasism Maige Bell 7. Birth date of deceased (mo., day, yr.) September 11, 1861	2). I CERTIFY that death occurred on the date above stated; that attended decearation 19.47. and that I last saw h		
8. AGE: Years Months Days If less than one day	Immediately of death OURATION		
9. Birthplace Chushin Cayland (Town, county, and ataye) 1D. Usual occupation. 1f. Industry or business Signature According to the second of the second o	Due to.		
12. Name Jugh Samm 13. Birthplace England 14. Malden name Warnett Pace 15. Birthplace Variated & lad	Other conditions (Include pregnancy within 3-menths of death) Major findings of operations		
16. Informant Miss Donis T. Bell (daughtie) Address Chestulow Manufand,	Autupsy results		
17 Burial Date thereof Ulsa. 30, 1947 (Burial, cremetion, or removal Which?) Cemetery or crematery St. Paul	22. VIOLENCE: If death was due foresternal causes, till in the following; Accident, suicide, or homicide		
18. Funeral director Marin V. William Address Chestulom, Maryland	Injured at hopes farm, Industry, public place (where?) Means of Mijury Anjured at work?		
19 Dec. 30 1947 Clara S. Barnes. (Date red by registrar) Registrar	SUSTATURE M. For other 794-		

JAN 2 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

926

CERTIFICATE OF DEATH

11332 Reg. Dist. No. 280

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give reuidence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State State Sounty
How long in above place of death?	(If outside city or town limits, write RURAL and give pearest town)
Hospital, Institution, or street address where death occurred:	(If outside city or town limits, write RUKAL, and give nearest town)
	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, namo war
3. (a) FULL NAME	3. (b) Social Security Number
(Innie 6. (sober)	none
4. Sex 5. Color or race 6.(a) Single, married, widowed or divarced	MEDICAL CERTIFICATION
F. I molit min	10
Penale Mue Married	20. DATE OF DEATH 19.47, at
B.(b) Name of husband or wife Williams 6.	21. I CERTIFY that death occurred on the dato above stated; that I attended deceased from
	Jong 18 1944 to Llee, 4 1947.
7. Sirth date of 2 years	and that I list saw her alive on Low B 19.47
deceased (mo., day, yr.) October 3, 1868	Immediate cause of death 4
8. AGE: Years Montho Days It less than one day	Melad Alwayi 24
79 2hrsmin.	
	OF A.P.
9. Birthplace Gurps (Fown, county, and utate)	Due to
7/2000	
10. Usual occopation	Due to
11. Industry or business	
12. Name William B. Smith	Differ conditions
12. Name William B. Smith 13. Birthplace	
	(Include pregnancy within 8 months of death)
14. Maiden name Mary Turner 15. Birthplace Pa.	Major findings of operations
\$ 15. Birthplace / Ja,	Date of op.
18 Interment William B. Coopel	Autopsy results.
0 1 11 4 11 5	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
Address Gural Chesterrille, Ma	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Bate thereof Will. (day) (year)	
Pt.	Accident, suicide, or homicide
Cemetery or cromatory The Sunt of	Where did lajury occur?
Landley Landdaumer, Ja.	Injured at home, farm, industry, public place (where?)
Location County County	Means of Injury Injured at work?
18. Funeral director 6 always Tullous	
Address Willington Md.	ha ma :
0 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23. SIGNATURE M. D. or other
19 tell. 6 19 14 / Coduped Tellow	
(Date rec'd by registrar) De but Registrar	Address Date signed Laf. 4.7



1 , 1

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
fue cal married	20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Guyuz 7 19. 47, to Dec 4 19. 4 >
7. Birth date of	and that I last saw h. 27 alive on
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate cause of death
69 6 Z9hrsmin.	Eleveragers Chica
9. Birthplace the (Town, county, and state)	Due to the fasteresis
10. Usual occupation	Due to Parely sin of & Orde. 5/2 years
E 12. Name Wm Herry Felicon	Other conditions
14. Malden name Quantity & A. Carles	(Include pregnancy within 3 months of death) Major findings of uperations.
16. Interment There and Johnson	Date of op.
Address Ches Fortown, hed	Autopsy results PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
17	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory Graller neets Consellery	Where did injury occur?
Location Volunta, Kinet Co, Ind	Injured at home, farm, industry, public place (where?)
18. Funeral director at bury devery	Means of Injury Injured at work?
Address Lhestertown, Med 12. F. D # 2 19. Dec. 5 (Date rec'd by registrar) Registrar	23. SIGNATURE Albert 9 / Surger M. D. onestrer Rock # gel Jud Date signed 12/17 +>

DEC 8 1947

* * * *

2411 N. Charles St., Baltimore

11334

CERTIFICATE OF DEATH

Reg. Diat. No. Zow

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County			
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Mary Land govery tent		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?	Street No. 221 Queen St		
Kent & au ann Hosp.	(If rural, give LOCATION)		
How long In hospital or Institution? 1 - day	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
John Wieley Vern	1		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male Col. Single	20. DATE OF DEATH LICENSIN 18 47 , 21 5:30 M		
A division of a band on wife	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from		
6,(b) Name of husband or wife	DEC. 27 1947 10 DEC 28 1947		
7. Birth date of	and that I last saw h. J.M. alive on D.C. 28 19 4-7		
deceased (mo., day, yr.) une 15 1873	Immediate cause of death DURATION		
8. AGE: Years Months Days If less than one day	Ash Guna'a		
74 6 13hrsmin.			
	100 k 100 m 10 k 10 k 10 k 10 k 10 k 10		
9. Birthplace (Town, coupty, and state)	Due to 1) a Coute urinary retention		
./4/	2) urisang track infection		
1D. Usual occupation.	Due to		
11. Industry or business			
12. Name William Ving 13. Birthplace Kint Co. Many land	Other conditions Curcinoma of phostate		
13. Birthplace Kent Co. Many land	(Include pregnancy within 3 months of death)		
# 14. Maiden name Yane Jonine /Vancon			
14. Maiden name Jane Sonine //Vansam 15. Birthplace Unknown	Major findings of operations.		
2 15. Birinplace	Date of op.		
16, Informant Mr. Jung 1. 11 in 9 5 4 6	Antopsy results		
Address 406 Calvet ST, Cherlina: Mid,			
Rusial 10, 10, 31 1947	22. VIOLENCE: If death was due to external causes, fill in the following:		
17. (Burlal, cremation, or removal, Which?) (Burlal, cremation, or removal, Which?)	Accident, suicide, or homicide		
Cemetery or cremetery Porna	Where did Injury occur?		
8 11 4 2 11 1 1			
Location Jonna, Tent Co. Many land	Injured at home, farm, Industry, public place (where?)		
18. Funeral director Maring V. Williams	Means of injury Injured at work?		
001-1 4001	DPP D MS		
Address Chufulin, Many Land	23. SIGNATURE No. 1. Compora, 10. N.		
10 Dec. 30, 1947 Clare & Barnes	M. D. or other Many fand 12-29.4		
(Date rec'd by registrar) Registrar	Address / NES TET lown / lary Tand Date signed / 2-27.4		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARGIN RESERVED FOR BINDING

VS A15



1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

8300

2. USUAL RESIDENCE (HOME) OF DECEASED:

CERTIFICATE OF DEATH

113353 Reg. Dlat. No. 2021

County	rent		***************************************	(For newborn infanto give residence of mother) Penna. Nifflin.		
CHy or town Rock Hall			***************************************	Jewi stown		
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?		RUKAL and give nearest town)				
	e of death? r street address where			City or town		
				Street No.		

				. 2.(a) If veteran, name war		
3. (a) FULL NAM	IE			3. (b) Social Security Number		
	Thora Ha	rriet	t DILLREE			
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CERTIFICATION		
female	white	พร้า	dowed			
				2D. DATE OF DEATH. Dec. IIth. 1947 3. 5:45		
R (h) Name of husban	d or wifeFr	ank D:	illr e e	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
Aste of House			7	nid not attend sinve tigated deasth		
7. Birth date of			c) If alive, give ageyear	and that flast say in Comptificate as deputy lied.		
deceased (mo., day.	yr.) Jan.	21,	18.18	Examiner Kent County Maryland DURATION		
8. AGE: Year		Days	If less than one day	ammutante cause of academic and academic and academic aca		
69	IO	I4		Cerebral Hemorrhage		
0.6	olo - NOR	WAV				
9. Birthplace	(Town	county and	state)	Arteriosclerosis		
	1701120	wife		T. T. CELTOSCIELOSIS		
1D. Usuat occupation				Due to.		
11. Industry or busine	\$3					
置 12. Name	enry Hend	ricks	on	Cther conditions		
13. Birthplace	NORWAY					
	unknow	m		(Include pregnancy within 8 months of death)		
E 14. Malden name	unknow unknow Barbar			Major findings of operations.		
15. Birthpiace	unknew	n		Date of op.		
Mrs. Mrs	. Barbar	a Sla	bach	Autopsy results. none		
T	Rock Hall			PHYSICIAN: Please underline the cause to which death should be charged statistically.		
MUDICS 3		/		an SHOLFNOF M death was due to external square (ii) in the following:		
Buris	1.4	Date ther	eof Dec. I5 I947 (month) (day) (year)	Accident, aulcide, or homicide		
(Burial, crematio	n, or removal. Which?			Accident, autore, or nomicioe		
			metery	Where did injury occur?		
Leastles Minn	neapolis-	Henne	pin County Innesota	Injured at home, farm, lodustry, public place (where?)		
		0 1107	1 Innesota	Wearna of injury none injured at work?		
Address	Chestert	lown,	Maryland	Dough Linesma		
		d	0 10 500	23. SIGNATURE DEDUTY MEGICAL EXAMIN, Der other		
19. Decr. 1	2 19 # 7 egistfar)		law S. Barnes	Fant Country M. TO/TT/4		
	egistfar)		kegistrar	Address Ogre signed		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

930

11336

CERTIFICATE OF DEATH

Reg. Diat. No. 203

1. PLACE OF DEATH: Kent	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)		
City or town	State		
How long in acove place or death. Hospital, Institution, or street address where death occurred:	Sireet No		
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war		
3.(a) FULL NAME Mohn F. Greenwood	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Whate Widdower	MEDICAL CERTIFICATION 20. DATE OF DEATHDec. 5. 1947		
B.(b) Name of husband or wife Dont Know	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Jid not attend investigated death 19 signed: certificate as Deputy Med. Exam. Immediate cause of death DURATION Myocarditis Aterio Sclerosis		
9. Birthplace Kent County and strice 10. Usual occupation Blacksmith 11. Industry or business Blackismithing 12. Name Kinknown 13. Birthplace Linknown	Due to Due to Differ conditions.		
14. Malden name	(Include pregnancy within 3 months of death) Major fiadings of operations		
Address Rock Hall R.D. Ment Co Md. 17. Burial, creination, or removal, Which? Cemetery or crematory Location Turney Jules 18. Funeral director. Address Church Hull Mull Address	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide		
18. Wes. 6: 18 47 S. Elwood Bringers	Chestertown Md M. Dry other Chestertown Md Chestertown Md M. Dry other dec6.47		



- 5 1

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

	N)orrec
-		The
		2

t age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The content is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

/2-/4 (Date rec'd by registrar)

	CERTIFICATE OF DEATH
1. PLACE OF DEATH: County City or town	2. USUAL RESIDENCE (For newborn infants s
How long in above place of death?	City or town
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	Tomas Holley
4. Sex 5. Color or race 6.(a) Single, mary	led, widowed, or divorced M owld, 20. Date of Death
6.(b) Name of husband or wife 6.(c) If all 6.(c) If all 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days 11	ive, give age years less than one day less than one day less than one day min.
9. Birthplace	Due to Due to
12. Name	Other conditions (Include pres
16. Informant Address Lill Fond Dale thereof	Autopsy results. PHYSICIAN: Please underline 22. VIOLENCE: If death was
(Burial, cremation, or removal, Which?) Cemetery or crematory Location	(month) (day) (year) Accident, suicide, or homicide. Where did Injury occur? Injured at home, farm, Industry
18. Funeral director	Helack Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Manyland County Centle
City or town (If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veleran, name war
3. (b) Social Security Number
MEDICAL CERTIFICATION
20, DATE OF DEATH 19 19 11 10 A
21. I CERTIFY the death occurred on the date shave stated; that attended deceased from
ou hit atthes of wistered with
and the last sawn are fruit a Dy faction
Immediate cause of death DURATION
HE Plexy Shared
Due to
Due to To force ple levas NA
/2m
Dither conditions
(Include pregnancy within 3 months of death)
Major findings of operations
Autopsy results. PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
22. VIOLENCE: If death was due tojexternal causes, fill in the following:
Accident, suicide, or homicide
Where did injury occur? (City or town) (County) (State)
Injured al home, farm, Inqustry, public place (where?)
Mean of Injury Love Injured at work?
stant mes six are west to his
M. D. or other



10000

a promise to the second second

1 so and or something

Less I

1 . A.

UNFADING INK. Supply every item of information carefully ant. Physicians: please write the causes of death clearly and BINDING

FOR

RESERVED

MARGIN

PLAINLY, WITH UNF is especially important.

国

PLEASE WRIT

7.6

S

1. PLACE OF DEATH:

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above piace of death? Hospilal, Institution, or street address where death occurred: How long in hospital or institution?	Slate Many County County Cily or lown (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) It veteran, name war
3. (a) FULL NAME William Joiner	3. (b) Social Security Number
4. Set 5. Color or race 6.(a) Single, married, wildwed, or divorced manual	MEDICAL CERTIFICATION 20. DATE DE DEATH Licinstr 30 19 47 21 5:00 %
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from D.C. 27 1947, to D.C. 30 19.47 and that I last saw h. i.m. alive on D.C. 30 19.47.
deceased (mo., day, yr.) April 22 1869	Immediate cause of death Duration Duration (/26/48 als)
9. Birthplace (Town, eounty, and state) 10. Usual occupation which	Due to
11. Industry or business 12. Name Charles W. Joins 13. Birthplace Kint Cv. Many land	Diher conditions PASSIBLE CETTERO vas cular
Harmonia Har	(Include pregnancy within 8 months of death) Major findings of operations. Date of op.
Address Lynch, Kint Co. Maryland	Antopsy results
17. (Burial, cremation, or removal, Which?) Cemetery or crematery Church Date Ihereot (month) (day) (year)	Accident, suicide, or homicide
18. Funeral director. Massin V. Williams	Injured at home, farm, Industry, public place (where?)
Address Churul My. 18 Jan. 1. 18 + 8 Clara L. Barnes Registrar Registrar	23. SIGNATURE OF Copposa M. D. or other Address Chestertown Md Date signed) 2-37-4



影

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11339

CERTIFICATE OF DEATH

Reg. Diat. No ...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Sex County Consultangliss	State Marelland County Stant		
(If outside city or town limits, write RURAL and give nearest town)	City or town Still Fond and		
How tong to ebove place of death?	(If outside city or town limits, write RURAL and give nearest town)		
melien Home.	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Johns Gilden Jon	res. 166-07-6846.		
4. Sex 5/Gofor or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION		
Thate, Mule Indowed.	20. DATE OF DEATH. July 18 19 17 2 M		
8.(6) Name of husband or wife. Quality Jones	21. I CERTIFY that death occurred on the date above stated; that tallended deceased from		
	19.4.7., to DAC 19.4.7.		
7. Sirth date of deceased (mo., day, yr.)	and that I last saw haddle alive on		
8. AGE: Years Months Days It less than one day	Immediate cause of death. DURATION DURATION		
71 4 19hrsmin.			
9. Birthplace & Cersone deficible and	Buta Chrise Muccaclity		
(Town(county, and state)			
1D. Usual occupation.	Due to.		
11. Industry or business / Saldway For			
12. Name	Other conditions		
a 13. Birthplace ware pland	(Include pregnancy within 8 months of death)		
14. Malden name Definition of the and 15. Sirthplace Planes Cand.	Major Endings of operations.		
\$ 15. Birthplace flagestand.	Date of op.		
16. Informant & Alaska Stalesgan	Autopsy results.		
Address 35 Brandon Rd Supper Darl	PHYSICIAN: Flease underline the cause to which death should be charged statistically.		
17. Busial Dale thereof Alle 16/19/2	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
(Burlal, cremation, or removal Which?)			
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)		
Location Debuty of Lennandly Will made	Injured at home, farm, Industry, public place (where?)		
18. Funeral director	Means of Injury Injured at work?		
Address Still fond and	a ly ufricille		
10 12-16 1047 · Malach	23. SIGNATURE M. D. op other		
(Date rec'd by registrar) Registrar	Address Lucturely My Bate signed 12/10/4/		



CHIWAI DA RAGAR

Could Charles deleter -

Charle Talgoriant to

of occupa.

Exact statement

properly classified.

CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate.

N. B.—WRITE PL.

V. S. No. 1

f infor-

STATE OF	MARYL	_AND—CER	TIFICATE	OF	DEATH

	STATE OF M	ADVI AND	CERTIFICATE OF DEATH 1139	111
1	L. PLACE OF DEATH	ARILAND	1572	
-	County Kent		Registration Dist. No. 200	
	Village or City Millington			Ward
			death occurred in a hospital or institution, give its NAME instead of street and number	er)
	Length of residence in city or town where death occurr	edyrsmos.	ds. How long In U.S. if of foreign birth?yrsmos	ds.
4	2. FULL NAME SerTha fas	e dloyed	If U. S. Veteran, specify WAR	******
	(a) Residence: No.	<i>V</i>	St., Ward. If nonresident give city or town and State	
	PERSONAL AND STATISTICAL PA	Iplace of abode)	MEDICAL CERTIFICATE OF DEATH	
3.		MARRIED, WIDOWED,	21. DATE OF DEATH TO A NO.	
-	and white OR DI	ORCED (write the word)	lec: 157	47
5a.	. If married, widowed, or divorcad HUSBAND of	9	(Month) (Day)	1881)
	HUSBAND of (or) WIFE of		22. HEREBY CERTIFY, That attandad decase	
	men	1047	19 , to , 1 1 1 1 1 1 1 1 1 1	
	DATE OF BIRTH (month, day, end yeer) AGE Years Months Da	vs If LESS than	to heve occurred on the date stated above, at 12 minushingst	(11 12 2910
•	7	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance	
	8. Trade, profession, or perticular	ormin.	were as follows: Date best Diserce Date	e of onset
0	kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.			
PA	9. Industry or business in which work wes done, as SILK MILL,			
CCO	SAW MILL, BANK, etc	Total time (veers)		
ŏ	this occupation (month end	Total time (yeers) spent in this occupation		
		read Dol	Other Contributory Couses of Importance:	
12	BIRTHPLACE (city or town) Place Town (Stata or country)	with the		
HER	13. NAME Henry Lloged			
FATH	14. BIRTHPLACE (city or town) Maryl	and	Neme of operation Date of	
F	(State or country)		What test confirmed diagnosis? Wes there an autops	sy?
ER	15. MAIDEN NAME avis fourth		23. If death wes dua to axternal causes (VIOL ENCE) fill In also tha following:	
OTH	16. BIRTHPLACE (city or town) Dollau	rere	Accident, sulcide, or homicide? Date of Injury,	19
X	(State or country)	,	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Wis Lloyed (Address) Townsend, BO			Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18	B. BURIAL, CREMATION, OR REMOVAL	0 10 /10	Manner of Injury	
	Place Pelaney Date 1	2/2/4/,19	Neture of injury	
19	UNDERTAKER D. Lester Do	nuls	24. Was disease or Injury In eny way releted to occupation of decaased?	
_	(Address) MIPPLETO WAY	oet 1	If so, specify	
20	FILED THE 3 1947 Edwar	d tellows	(Signed).	M. D.
		O Bes The Registrar.	(Addrass) Milliam (M.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonilis DEC 6 1947	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	The transport of the second	1 year
CHIEF CHELLER HOLD COMP			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11341 Reg. Diat. No. 202

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother)			
(If outside city or town limits, write RURAL and give nearest town)	State Many land County Trut			
	City or town Worton			
How long in above place of death?	City or town			
1Pent & Oren and 1 Josp.	Street No			
	(If rural, give LOCATION)			
How long In hospital or institution?	2.(a) It veteran, name war			
3. (a) FULL NAME Prichard allen	LOLLER 3. (b) Social Security Number			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
male W Single	20. DATE DE DEATH December 22 19/747 at 7 98/ M			
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
8.(c) It allve, give ageyears	12-2- 1947 10 12-2- 1947			
7. Birth date of deceased (mo., day, yr.) Scholer 7 1943	and that I last saw h. Annualive on 12-22-47 18			
8. AGE: Years Months Days It less than one day	Immediate cause of death			
4 2 15 hrs. min.	Sapticamia)			
all-L Nta 1	Stoleys-			
9. Birthplaca	Due to manning (app until m)			
10. Usual occupation	Due to There were indications deseased due			
11. Industry or business	of Waterhouse- Priederielian sundan			
12. Name Walking Chrand Solling 13. Birthplace Fairle Kint la. Luck	Other conditions last since antiques was all deni			
€ 13. Birthplace 1-airles Kint Cr. Mid.	Carnet my definite. Blood authors			
# 14. Malden name Betty Bush Witchell	(Include pregnafcy within amonths of death) Major fiediogs of operations.			
14. Malden name Baltimon Mary land	Culture Inding megaline [1-23-46 alec			
18. Interment John to m led Seller I faller	Autopsy results.			
Address Water Ind.	PHYSICIAN: Please underline the cause to which death should be charged statistically.			
- Busiel 1000 24 1947	22. VIOLENCE: If death was due to external causes, till in the following:			
(Burtal, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide			
Cemetery or crematory. Chusta	Where did injury occur? (City or town) (County) (State)			
Location Charling	Injured at home, farm, Industry, public place (where?)			
18. Funoral director. Marin V. Williams	Means of Injury Injured at work?			
Address Chestute, Manyland	Wh. In Face			
1	23. SIGNATURE M. D. OPPOLICE			
19 Dec. 43. 1947 Clare & Barres (Date ree'd by registrar) Registrar	Address Chesterton md. Bate stoned 12-22-47			

The second of the second secon

12.2

RECEIVED DEC 26 1947

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

11342

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County			***************************************	l ent		
City or town. (If outside city or town limits, write RURAL and give nearest town)			***************************************	State Maryland County Kellt		
(If outside city or town limits, write RURAL and give nearest town) How long to above place of death?			URAL and give nearest town)	Chestertown (If outside city or town limits, write RURAL and give nearest town)	*4000000000	
				(If outside city or town limits, write RURAL and give nearest town)		
			•	Street No.	*****	
			***************************************	(if rural, give LOCATION)		
How long in hospital of	r Institution?		***************************************	2.(a) If veteran, name war	*******	
3. (a) FULL NAME				3. (b) Social Security Number		
	Charles H	R. Pip	pin	220-09-1307		
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION	4	
male	white	si	ngle	20. DATE OF DEATH. Leve 14 1847 at 10.3	30 M	
e (la) Name of bushand	ne wife	none			1	
					47	
7. Birth date of		6.(4	r) It alive, give ageyea	and that I last saw h. L. Canallye on Lee 13		
deceased (mo., day.		18, I	878		ATION	
8. AGE: Year	s Months	Days	It less than one day	Cursua pertinis Rus		
69	8	6			V	
Ch	estertown	l. Mar	vland	Partena relevin		
B. Birthplace	(Town,	county, and s	vland tate)		************	
10 liqual accumation	Barbe	er	(n		040000000000	
			400,000,000,000,000,000,000,000,000,000	Due to		
	Barber					
12. Name	Robert K.	Pipp	in	Other conditions		
13. Birthplace	Mary	land			10	
8	Annie 7	om 7 fmo	son	(Include pregnancy within 8 months of death)		
14. Malden name 15. Birthplace			·	Major findings of operations		
	Marylar			Oate of op		
16. Informant	s. Belle	Smith	(sister)	Antopsy results		
				PHYSICIAN: Please underline the cause to which death should be charged statistically		
Address	Cheste		/	22. VIOLENCE; If death was due to external causes, fill in the tollowing:		
17 Buria	17. Burial Bate thereot Dec. 17. 1947 (Burial, cremation, or removal. Which?)			Accident, suicide, or homicide		
	Cemetery or crematory Chester Cemeter y			(and an analy)		
				Injured at home, farm, lodustry, public place (where?)		
18. Funeral director			115	Means of Injury Injured at work?		
Address	Chester	town.	id.	+ Comphen		
100-11	111	10	us S. Barnes	23. SIGNATURE M. D. or other		
19. Data rooks by	1947	(12	Registre	of disease Ches Colores Bate signed / 2 . Ld	1.47	

DEC 18 1947

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

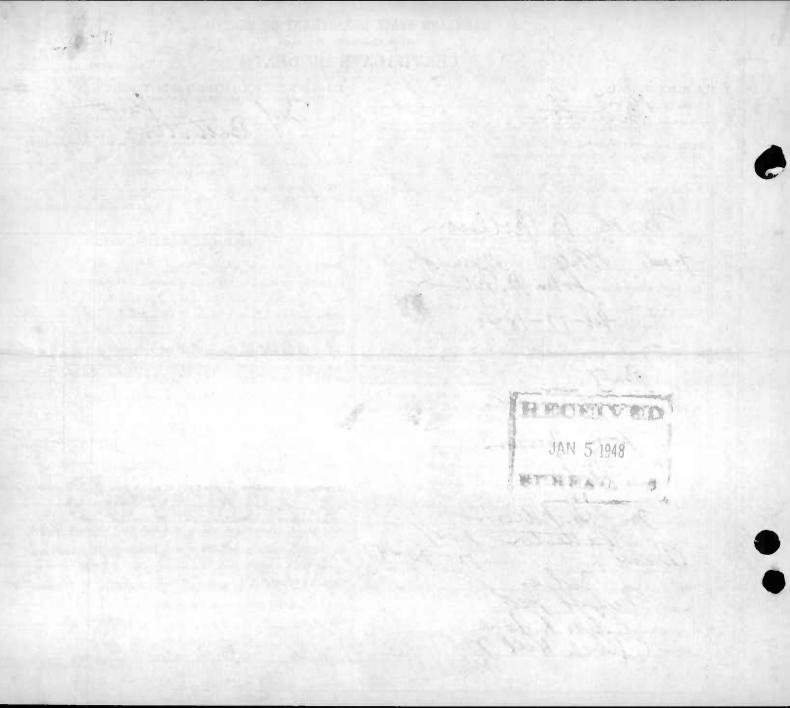
932

11343

Reg. Diat. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newporn infants give residence of mother)		
County	had the		
City or town (If outside city or town limits, write RUKAL and give nearest town)	State County Cou		
How long in above place of death?	(If outside city or town limits, write RURAL and give neerest town)		
Hospilal, institution, or sireet address where death occurred:	Sireet No.		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
mable B. Rollison			
4. Sex 5. Color or race (6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Tenal While Manuel	20. DATE OF DEATH D& comber 28 19 47 at 145		
AL BARRON	21. I CERTIFY that death occurred on the date above stated: that Lattended deceased from		
6.(b) Name of husband or wite.	19 46 to Dec. 28 19 47		
& (c) It alive, give age			
7. Birth date of deceased (mo., day, yr.) Feb 17-18-90	and that I last saw h. E.K. alive on 19.44		
8. AGE: Years Months Days It less than one day	Immediate cause of death		
	Pulmonary Edema		
O ()min.			
9. Sirthplace Scalt	Due to propertensive pardiovasula distage		
9. 8irthplace (Town, county, and state)	afterios eleonis		
10. Usoal occupation	Due to an san sa		
17. Industry or business	milocardial insulficiency		
MI lother Para	1 is 0 deal as side the		
12. Name Balt 13. Birthplate Balt	Other conditions my a cound at a companyanous		
	(Include pregnancy within 8 months of death)		
14. Malden name ////////////////////////////////////	Major findings of operations.		
≥ 15. 8irthplace	Dale of op.		
ma a holling	Aetopsy results.		
16, Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address & Bellevier 1984	22. VIOLENCE: 11 death was due to external causes, fill in the following;		
(Burial, cremation, or remand), Which?	Accident, suicide, or homicide		
(Burial, cremation, or removel, Which) (mouth) (day) (year)			
Cemelery or crematory	Where did injury occur?		
Location	Injured at home, farm, industry, public place (where?)		
18. Funeral director Cally A Love	Means of Injury tnjured at work?		
Address Charch Hell med	Q. R. Comple M. T.		
12-30 molach	23. SISNATURE M. D. or other		
19. Registres	Mestertown Maryland 120 30-47		



MARGIN

PLEASE WRITE

NS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11344 Reg. Diat. No. 202

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Fognewborn infants give residence of mother)		
County	las la 1 1 1 F		
City or town	1 1 1 - 11		
How long in above place of death?	Cily or town		
Hospital, institution, or street address where death occurred:	Street No. Humedy will		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
J. Norton Silcoy			
4. Sex 5. Color of race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
In w Married	20. DATE OF DEATH Cleamber 15 10 47 at 6:55"		
Clair & Silens	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
8.(b) Name of husband or wife	T. 2 247		
7. Birth date of	and that I last saw h. i. Mc. alive on Dec. 15 19.47		
deceased (mo., day, yr.) Hovember 23 1886			
8. AGE: Years Months Days If less than one day	Immediate cause of death Wre mia terminal DURATION		
o. Add.			
61 8 22min	h		
1 Pennely inly Kent. Co. Jacob	Due to he patic + renal insufficiency		
9. Birthplace(Jown, county, and state)	Carcinomatosis, site unlensum!		
1D. Usual occupation . January			
4	Due to fratably sugarant		
11. Industry or business			
12. Name Silvy 13. Birthplace Odisa Delam	Diher conditions ans man a cuit a minesis;		
13. Birthplace oduse Delawa	intertinal Obstruction (Include pregnancy within 3 months of death)		
	(Include pregnancy within 3 months of death)		
14. Maiden name Sarah Mine 15. Birtholace Bellin Kutler, had.	Major fiedioss of operations dif Carcinomatosis		
2 15. Birtholace Bellish lint Co. Med.	Date of op. any 1947		
16 Informant Mrs. Clair & Sulary (Wife)			
16. Informant	PHYSICIAN: Please ooderline the caose to which death shoold he charged statistically.		
Address / Tunnedy will - Maryland			
Buil Bate thereof Mrc. 18, 194:	22. VIOLENCE: If death was due to exfernal causes, fill in the following;		
17. But thereof (month) (day) (year)	Accident, suicide, or homicide		
Mall Pand	Where did Injury occur?		
Cemetery or crematory			
Location Still Fond	Injured at home, farm, Industry, public place (where?)		
Man 1 Wallening	Msens of Injury Injured at work?		
18. Funeral director.			
Address Chufulin Manyland	1. V. Consla MS		
10 10 10	23. SIGNATURE M. D. or other		
15Dec. 18, 1947 Clase S. Barne	Address Chestertown, Md. Date stened 12-18-47		
(Date rec'd by registrar) Registra	Address Date signed		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

11345

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: Kent			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Clty or town. Chestertown (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?			siale Maryland county Kent Chestertown		
				r street address where	
	Kent St	4	Sireet No	LOCATION	
How long in hospital	or Institution?		2.(a) If veteran, name war		
			Livery II veterally manner was		
3. (a) FULL NAME				3. (b) Social Security Number	
		P. Slagle		216-16-7533	
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
female	white	widowed	20. DATE OF DEATH Lice 3	1947 at 9 P M	
E (h) Nome of hughous	Lar wife Wm .	r. Slagle	21. I CERTIFY that death occurred on the date abo		
				17 10 Lree 3 1947	
7. Rirth date of	***************************************		and that I last saw halive on	ce 3 1147	
deceased (mo., day,	yr.) Feb. 23	3. T874	Immediate cause of death		
8. AGE: Year	rs Months	Days If less than one day	Comment of design	was boxis 1 L day,	
73	9	IOhrsmin.			
9. Birthplace	Cecil Co.	Laryland.	Due to		
		cy Worker			
			Due to		
11. Industry or busine					
	Edward Wa Maryland	ımsley	Other conditions		
	TT	ta Davis	(Include pregnancy within 3 m	nonths of death)	
14. Maiden name		***************************************	Major findings of operations		
2 15. Birthplace	Marylar	nd			
	m. Slacia	(soñ)	Autopsy results		
			PHYSICIAN: Please underline the cause to wh	sich death should he charged statistically.	
	hestertow	/	22. VIOLENCE: 11 death was due to external cau		
17 Burial	n, er remeval. Which?)	Oate thereol Dec. 6. 1947 (month) (day) (year)	Accident, suicide, or homicide		
(Burial, crematio	n, or removal. Which?)	(month) (day) (year)			
Cemelery or cremat	lory	ter Cem.	Where did Injury occur?(City or town)	(County) (State)	
Location				nere?)	
18. Funeral director	J. Wil	lis Wells	Means of Injury	Injured at work?	
Address	Chester	ctown, Md.	+1Col	4	
			23. SIGNATURE	M. D. or other	
19 DAC	5 1947 egistrar)	Clare S. Barnes	Addres Charleston	Date signed 2- 4/- 47	



10 9 5 E

WRITE PLAINLY

PLEASE

A15 SA age

correct

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

920

CERTIFICATE OF DEATH

11346 Reg. Dist. No. 204

1. PLACE OF DEATH: County	City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Samuel C. Win	llis 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Wale Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH Security 8 19 47 21 6:07
6,(b) Name of husband or wife Susanna L. William 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 8. Birthplace Months Days If less than one day 8. Birthplace Months Days Months Mont	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19.4.3., to Occ. 8. 19.4.7. and that I last saw h. 5. alive on See 6. 18.4.7. Immediate cause of death. DURATION DURATION Due to Edward 1322200114
10. Usual occupation. 11. Industry or business 12. Name	Other conditions (Include pregnancy within 8 months of death) Major findings of operations. Date of op.
16. Informant Man John W. Beggins Address Chestuhi Ind. P. 15	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Bural (Burial, cremation, or removal, Which?) Cemetery or crematory. Chis tu Location Children Many Land 18. Funeral director. Many V. William	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Address Chuliton Many Band 1 19. Alec 1 1947 F. Sineth	23. SIGNATURE Geller DA Burgard M. D. or other To ok Hall Zud Date signed 12/10/4.



1	age
M	rrect
7	The collegibly.
5	rmation carefully.
FOR BINDING	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. T
MARGIN RESERVED FOR BINDING	NG INK. Suppl
MARGI	ITH UNFADI
•	PLAINLY, W is especially in
VS A16	PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County	(For newborn infants give residence of mother)		
(If outside city or town limits, write RURAL and give nearest town)	Stale Machiner County Rupe of		
How long in above place of death?	(If outside city or town limita, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. Morton Ind.		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
alexander Vit	2000 216-18-2463.		
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION		
M C Midower.	20. DATE OF DEATH 20.00 19.2/7, at 2.75 A.M		
6.(6) Name of husband or wife and Amasa Milson	21. I CERTIFY that death occurred on the date above stated; that tattended deceased from		
	1947 10 Kov 20 1947		
7. Birth date of	and that I last saw h 1246. allve on May 30 19 49		
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death		
16 had 78 min	A P		
W + 0 0 1 1 1	awelly Seat wo		
9. Birthplace (Town, county, and state)	Due to.		
10. Usual occupation Falms work			
11. Industry or business Tapme	Due to		
	Other conditions.		
12. Name As As Milson			
× 010 4	(Include pregnancy within 8 months of death)		
14. Maiden name State Tours	Najor findings of operations.		
15. Birthplace Rest Co. Mai	Carcina Jacobski Date of optilly		
16. Informant Milliam Jacobs	Antopsy results		
Address Worton zud Kurdl			
17 Burial Bate thereof ble 4, 1947.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
(Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)			
Cemetery or crematory	Where did injury occur?		
Location Delmans Thoroward Revol	Injured at home, farm, industry, public place (where?)		
18. Funeral director, BR Hollows,	Means of Injury Injured at york?		
Address Still Cand and	+ - 01/ -+		
May 1	23. SIGHATORES M. D. or other		
19. (Dato rec'd by registrar) Registrar	Addres Cheshelom. Mil Date signed 72-149		



M

MARYLAND	STATE	DEPARTMENT	OF	HEALTH
----------	-------	------------	----	--------

2411 N. Charles St., Baltimore

460

11348

CERTIFICATE OF DEATH

Reg. Diat. No. 202

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. Chestertown Md (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	State
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME	3. (b) Social Security Number 212-03-0956
Myrtle Venora Wilson 4. Sex Female **hite Single Single	MEDICAL CERTIFICATION 20. DATE DF DEATH
8.(c) Name of husband or wife	2-2- 112 4 12 12 112
deceased (mo., day, yr.) = February 2T TOOS	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	Cachesen 1 month
9. Birthplace. Delaware (Town, county, and state)	Due to Viguerel curcinomatoris 2 months
10. Usual occupation	Due to Casein ama of sigmoid colon 6 menti
12. Name Clarence T. Wilson 13. Birthplace Delaware	Dther conditions
14. Maiden name. Ruth N. Calhoon.	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant. Clarence T. Wilson, Brother Address Chestertown. Md.	Antopsy results
17. (Burlai, cremation, or removal. Which?) Cemetery or crematory. Chester 1947	22. VIOLENCE: 11 death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Chestertown, Md. 18. Funeral director Leville Livels	Injured at home, farm, lodustry, public place (where?)
Address 415 / Ligh St, Chestestown M 19. Deterror'd by registrar) 19. Clara & Barmas. (Data rec'd by registrar)	OSLA DV Jan

